FORM **DP-200** 980

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER (DIN)

INSTRUCTIONS

BUSINESS ENTITY INFORMATION

FOR DRA USE ONLY

WHO MUST REQUEST A DIN

Any taxpayer who shares a taxpayer identification number with another taxpayer subject to taxation, any taxpayer who is not required to obtain a federal taxpayer identification number or social security number, or any taxpayer electing to obtain a DIN for New Hampshire in lieu of their FEIN or SSN Each taxpayer must have a unique federal or state taxpayer identification number. An SMLLC shall not use a SSN.

PURPOSE

To obtain an identifying number which is required to file New Hampshire tax related documents. SMLLCs are required by New Hampshire Law to file a separate entity tax return even though the SMLLC does NOT file a separate federal tax return. If the SMLLC shares a tax identification number with another entity, a New Hampshire Department of Revenue Administration assigned number, Department Identification Number (DIN), is necessary in order to process all tax related documents for taxpayers as described in "Who Must Request a DIN" above

WHEN TO FILE

This form must be filed at least 30 days prior to the due date of your first business tax document. Any changes in the registration information must be provided to the Department at least 30 days prior to the change.

WHERE TO FILE

NH Department of Revenue Administration, Document Processing Division, PO Box 637, Concord NH 03302-0637

FORMS MAY NOT BE FILED BY FAX

NEED HELP?

Call the Department of Revenue Administration, Central Tax Services at (603) 230-5000. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

BUSINESS NAME						
BUSINESS NUMBER	& STREET ADDRESS				-	FOR DRA USE ONLY
BUSINESS ADDRESS	(continued)				-	DIN
					.∐	
BUSINESS CITY/TOW	/N, STATE & ZIP CODE+4					
SMLLC's and tax RELATED DOCU	xpayers electing to obtain	a DIN, MUST USE THE	DEPARTMENT IDEN	ITIFICATION NUME	BER WHEN F	ILING ANY AND ALL T
When filing all f	it assigned number shall l ruture documents, the de					
or social security	y numbers are required.	MEMBER OR	TAXPAYER INFORMA	ATION		
MEMBER OR TAXPAYER NAME					MEMBER'S SOCIAL SECURITY NUMBER OR FEDERAL IDENTIFICATION NUMBER	
MEMBER OR TAXPAY	'ER NUMBER & STREET ADDRESS	3				
ADDRESS (continued)						
MEMBER OR TAXPAY	'ER CITY/TOWN, STATE & ZIP COD	DE+4				
ENTITY TYPE:	1 Proprietorship	2 Corporation	n/Combined Group	3 Partne	ership	4 Fiduciary
Van far fader	ral income tax purposes, the	s in some of the CMLLC	will be remorted on the	tox votum of the me	mbor oo listas	Labore
No, for federa	al income tax purposes, the	income of the SMLLC v	will NOT be reported or			
THE INCOME WILL BE REPORTED ON THE TAX RETURN FOR: NAME					SOCIAL SECURITY NUMBER OR FEDERAL IDENTIFICATION NUMBER	
NUMBER & STREET A	ADDRESS					
ADDRESS (continued)						
CITY/TOWN, STATE &	ZIP CODE+4					
DRA USE ONLY	Under penalties of perjury,	I declare that I have exa	amined this document a	and to the best of my	y beliet it is tru	e, correct and complete
DRA USE ONL I	SIGNATURE (IN INK) OF APP	PLICANT				DATE
	X					
	SIGNATURE (IN INK) OF OFF	FICER OF CORPORATION IF O	THER THAN OWNER			DATE
	PRINT SIGNATORY NAME &	TITLE	MAIL NH DRA			
			TO: PO BOX 637	7 NH 03302-0637		